

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214526635			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SMITH RIVER RESCUE SQUAD, INCORPORATED</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MAVIN E HARRIS 763 RIDGE RD WOOLWINE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PATRICK COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2014</p> <p>SCC ID NO: 02866416</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: P. O. BOX 122</p> <p style="text-align: center;">CITY/ST/ZIP: WOOLWINE, VA 24185</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DEBORAH F JOHNSON TITLE: TREASURER ADDRESS: 1588 LEE ELGIN RD CITY/ST/ZIP/CO: WOOLWINE, VA 24185 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DEBORAH F JOHNSON TITLE: TREASURER ADDRESS: 1588 LEE ELGIN RD CITY/ST/ZIP/CO: WOOLWINE, VA 24185	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Mary Ruth Conner TITLE: Trning Officer ADDRESS: 452 Ridge Rd. CITY/ST/ZIP/CO: Woolwine, VA 24185 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Mary Ruth Conner TITLE: Trning Officer ADDRESS: 452 Ridge Rd. CITY/ST/ZIP/CO: Woolwine, VA 24185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christine Elgin Chaplain 3705 Elamsville Rd. Stuart, VA 24171	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Valerie Foley SECRETARY 220 Lee Elgin Rd. Stuart, VA 24171	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nancy Belcher President 211 Windy Ridge Rd. Woolwine, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ray Wells Vice President 267 Ridge Rd. Woolwine, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ellen Hylton DIRECTOR 153 Shady Lane Stuart, VA 24171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Josephine Moricle DIRECTOR 3512 Charity Highway Woolwine, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ellen Elgin DIRECTOR 441 Lee Elgin Rd. Stuart, VA 24171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mavin Harris DIRECTOR 763 Ridge Rd. Woolwine, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Algje Spencer DIRECTOR 9520 Woolwine Highway Woolwine, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DEBORAH F JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBORAH F JOHNSON, TREASURER PRINTED NAME AND CORPORATE TITLE	5/24/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			